

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/009817

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/			/	
2							52		/			/	
3							53		/			/	
4							54		/			/	
5							55		/			/	
6							56		/			/	
7							57		/			/	
8							58		/			/	
9							59		/			/	
10							60		/			/	
11							61		/			/	
12							62		/			/	
13							63		/			/	
14							64		/			/	
15							65		/			/	
16							66		/			/	
17							67		/			/	
18							68		/			/	
19							69		/			/	
20							70		/			/	
21							71		/			/	
22							72		/			/	
23							73		/			/	
24							74		/			/	
25							75		/			/	
26							76		/			/	
27							77		/			/	
28							78		/			/	
29							79		/			/	
30							80		/			/	
31							81		/			/	
32							82		/			/	
33							83		/			/	
34							84		/			/	
35							85		/			/	
36							86		/			/	
37							87		/			/	
38							88		/			/	
39							89		/			/	
40							90		/			/	
41							91		/			/	
42							92		/			/	
43							93		/			/	
44							94		/			/	
45							95		/			/	
46							96		/			/	
47							97		/			/	
48							98		/			/	
49							99		/			/	
50							100		/			/	
TOTAL							TOTAL						
TOTAL							TOTAL						
TOTAL							TOTAL						
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